

Express Mail No.: EV328183165US

Date of Deposit: September 25, 2003

Attorney Docket No: 26448-515 CON

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANTS Martin Gall

FOR: METHOD AND COMPOUNDS FOR TREATING  
GLAUCOMA VI



September 25, 2003  
Boston, Massachusetts

**Mail Stop Patent Application**

Commissioner for Patents

P. O. Box 1450

Alexandria, VA 22313-1450

**REQUEST FOR FILING A CONTINUING UTILITY APPLICATION  
UNDER 37 C.F.R. §1.53(b)**

1. This is a request for filing a continuing application under 37 C.F.R. §1.53(b).  
This application is a Continuation of U.S. Patent Application Serial No. 10/158,685, filed May 30, 2002, which claims priority to Provisional Patent Application Serial No. 60/294,409, filed May 30, 2002.

2. Priority to the above application is claimed under:

☒ 35 U.S.C. §120

This application is a Continuation of U.S. Serial No. 10/158,685, filed May 30, 2001, which claims priority to Provisional Patent Application No. 60/294,409, filed May 30, 2001.

Examiner: Robert Gerstl

Art Unit: 1626

**APPLICATION ELEMENTS:**

3. ☒ Specification Total Pages: 27  
Specification (18 pages); Claims (8 pages); Abstract (1 page); and
4. ☒ Declaration (total pages: 3)  
☒ Copy from a prior application (37 C.F.R. §1.63(d))

5. ☒ Incorporation by reference

The entire disclosure of the prior application, from which a copy of the declaration is supplied, is part of the disclosure of the accompanying application and is hereby incorporated by reference.

#### ACCOMPANYING APPLICATION PARTS:

6. Fee Calculation:

7. ☐ Preliminary Amendment

A Preliminary Amendment is enclosed herewith.

CLAIMS AS FILED					
Claims	Number Filed	Basic Fee Allowance	Number Extra	Rate	Basic Fee 37 C.F.R. §1.16(a) \$750.00
Total Claims (37 C.F.R. §1.16(c))	30	- 20 =	10	\$18.00	\$180.00
Independent Claims (37 C.F.R. §1.16(b))	4	- 3 =	1	\$84.00	\$84.00
Multiple Dependent Claims, if any (37 C.F.R. §1.16(d))	0			\$280.00	0
				SUBTOTAL:	\$1,014.00
				Reduction by 50% for filing by small entity:	- \$507.00
				<b>TOTAL FEE:</b>	<b>\$507.00</b>

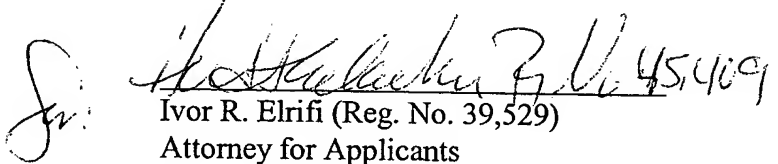
8. ☒ Revocation by Assignee and New Power of Attorney from prior application (5 pgs).
9. ☒ A check in the amount of **\$507.00** is enclosed.
10. ☒ The Commissioner is hereby authorized to credit overpayments or charge any additional fees to Deposit Account No. 50-0311, Ref. No. 26448-515 CON.

Applicant: Martin Gall

Attorney Docket No: 26448-515 CON

11. ☒ Return Receipt Postcard Enclosed.

Respectfully submitted,

 45,409  
Ivor R. Elrifi (Reg. No. 39,529)  
Attorney for Applicants

c/o MINTZ LEVIN  
One Financial Center  
Boston, Massachusetts 02111  
Tel.: (617) 542 6000  
Fax: (617) 542-2241

Customer No. 30623

TRA 1836759v1